



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE**

DIVISION OF FIRE PREVENTION  
ADMINISTRATIVE SERVICES SECTION  
PERMITS AND LICENSES UNIT  
500 JAMES ROBERTSON PARKWAY, THIRD FLOOR  
NASHVILLE, TN 37243-1159  
PHONE (615) 741-1322 FAX (615) 741-1583

**The following items are necessary to qualify for registration as an Explosives Limited Blaster:**

1. Submit an application with a check or money order made payable to the Department of Commerce and Insurance in the amount of \$90 (\$15 is nonrefundable).
2. The application must be completed in its entirety. A registration will not be issued without a completed application on file.
3. The applicant must be at least twenty-one (21) years of age.
4. The applicant must understand, speak and write the English language.
5. Provide proof of having obtained one (1) year of previous practical experience under the supervision of a registered, experienced blaster by having the blaster fill out and sign a *Blaster/Limited Blaster Experience Verification* form. Alternately, provide the applicant's blasting license from another state provided it has been possessed for at least one year prior to application in this state.
6. Submit a copy of the applicant's Tennessee Handler's Registration.
7. Schedule, take and pass a written examination after the application is reviewed by this office. Each limited blaster applicant must pass the exam. An applicant who fails an examination may retake the examination thirty (30) days after the original test date without paying another application fee. An applicant who fails the examination twice shall reapply and pay the required application fee.
8. **If you are not an employee of a registered blasting firm**, an explosives firm application and fee must be submitted with a certificate of liability insurance in the amount of one million dollars (\$1,000,000.00). The insurance company must complete and sign the Certificate of Insurance and the words "Includes blasting/explosives" must appear on the certificate. The "State of Tennessee, Department of Commerce and Insurance, Permits and Licenses Unit", at the above address, must be listed as the certificate holder. This certificate must be forwarded to this office.

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### **Requirements for 3 Year Renewal of Limited Blasters:**

Certificates of Registration expire three (3) years following the date of issuance or renewal. They are invalid on that date unless renewed.

Submit a renewal form with a check or money order for \$75.00 made payable to the Department of Commerce and Insurance.

A minimum of 8 hours of State Fire Marshal approved continuing education must be completed. Proof of completion of the course must be received prior to the expiration date.

**A late fee of twenty-five dollars (\$25.00) will be assessed for renewing after your registration expires.** If you have not renewed your registration prior to one (1) year after expiration, you must begin the application process anew to obtain registration.

It is the responsibility of the registrant to notify this office of all address changes to ensure registration renewals are received in a timely manner.

Explosives Laws and Rules may be found at:  
[www.tennesseeanytime.org/laws/laws.html](http://www.tennesseeanytime.org/laws/laws.html)



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## LIMITED BLASTER APPLICATION

Registration Fee: \$75.00 (3 Years)  
Application Fee: \$15.00 (This is a nonrefundable application fee)  
**Total Fees Due: \$90.00**

NOTE: MAKE CHECK OR MONEY ORDER PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE

Limited Blaster's Full Name \_\_\_\_\_

### Mailing Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Email address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

### Home Address (if different than mailing address)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

Federal Permit # \_\_\_\_\_

TN Handler's Registration # \_\_\_\_\_

Are you currently employed by a registered blasting firm: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, provide the name of the registered blasting firm:

Firm Name \_\_\_\_\_ Firm's TN License # \_\_\_\_\_

Firm Address \_\_\_\_\_  
(Street Number, or R.F.D. and P.O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

If you are not employed by a registered blasting firm, make an application for an explosives firm, pay the fee, and submit a Certificate of Liability Insurance for at least one million dollars (\$1,000,000.00).

Are you a U. S. Citizen? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

According to Tenn. Code Ann. § 68-105-106(d), "[n]o person shall be eligible for registration who does not understand, speak and write the English language." Do you meet this requirement? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

I hereby apply for a registration certificate as a user of explosives subject to Tennessee Code Annotated, Title 68, Chapter 105.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**COMPLETE THE FOLLOWING QUESTIONNAIRE**

The personal information requested on this form is required of all individuals who engage in any phase of blasting operations pursuant to Tennessee Code Annotated Title 68, Chapter 105.

*Have you ever been convicted of a crime punishable by imprisonment for a term exceeding one (1) year?*

**Yes\_\_\_\_\_ No\_\_\_\_\_** If there has been such a conviction, please attach an explanation. Include: (1) date, (2) charge, (3) place, (4) court, and (5) action taken.

*Do you suffer from mental or physical impairment that would interfere with the safe handling of explosives?*

**Yes\_\_\_\_\_ No\_\_\_\_\_** If yes, please attach an explanation.

I have answered all the above questions truthfully. I am aware that if I have given any false information, it may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration. I am aware that if I violate any explosives law or regulation, or if I have violated or have been charged with, or convicted of any explosive law or regulation previously, this may result in the denial or revocation of my explosive blaster's/limited blaster's/handler's registration.

Signature of Applicant\_\_\_\_\_ Printed Name\_\_\_\_\_

Date\_\_\_\_\_

**IT IS THE RESPONSIBILITY OF THE LICENSEE TO NOTIFY THIS OFFICE OF ALL ADDRESS CHANGES TO ENSURE RENEWAL NOTICES ARE RECEIVED IN A TIMELY MANNER.**



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3<sup>RD</sup> FLOOR, DAVY CROCKETT TOWER  
500 JAMES ROBERTSON PARKWAY  
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### **Blaster/Limited Blaster Experience Verification**

Applicant Name: \_\_\_\_\_

The explosives user applicant named above has received one year of practical experience under my supervision that enables him or her to adequately store, handle, and use explosives.

Name (print): \_\_\_\_\_ TN Blaster Registration Number\*: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*See application instructions for out of state applicants.